

Get all the benefits of **Medicare and Medicaid** – and more!

Molina Dual Options MyCare Ohio (Medicare-Medicaid Plan)

MolinaHealthcare.com/Duals

Ohio



Your Extended Family.



2018 Benefits-At-A-Glance

Molina Dual Options MyCare Ohio Plan Benefits		You Pay
Plan Premium		\$0
Medical Coverage		
Doctor Office Visits		
<ul style="list-style-type: none"> Primary Care Physician Specialist Care 		\$0 Copay \$0 Copay
Preventive Care		
<ul style="list-style-type: none"> Annual Wellness Visit Cardiovascular Screening Colorectal Screening Diabetes Screening Mammogram Immunizations (including Pneumonia and Flu) 		\$0 Copay \$0 Copay \$0 Copay \$0 Copay \$0 Copay \$0 Copay
Inpatient Hospital Care		\$0 Copay
Inpatient Mental Health Care		\$0 Copay
Skilled Nursing Facility Care		\$0 Copay
Home Health Care		\$0 Copay
Outpatient Hospital and Ambulatory Surgical Center Services		\$0 Copay
Outpatient Mental Health Care and Substance Abuse Care (For each individual or group visit)		\$0 Copay
Outpatient Rehabilitation Services/Therapy (occupational, physical, speech and language therapy)		\$0 Copay
Outpatient Diagnostic Procedures, Tests, Lab, Radiology Services and X-Rays		
<ul style="list-style-type: none"> Diagnostic Radiology Services Diagnostic Procedures and Tests Lab Services X-Rays Therapeutic Radiology Services 		\$0 Copay \$0 Copay \$0 Copay \$0 Copay \$0 Copay
Durable Medical Equipment		\$0 Copay
Prosthetic Devices		\$0 Copay
Diabetes Supplies and Services		
<ul style="list-style-type: none"> Diabetes Monitoring Supplies Diabetes Self-Management Training 		\$0 Copay \$0 Copay
Urgent Care		\$0 Copay
Emergency Care		\$0 Copay
Ambulance Services		\$0 Copay
Prescription Drug Coverage		
You pay the following at in-network pharmacies for a 31 day supply		
Tier 1 - Generic Drugs		\$0 Copay
Tier 2 - Brand Drugs		\$0 Copay
Tier 3 - Non-Medicare Rx/OTC Drugs		\$0 Copay
Additional Services		
Adult Day Health Services		\$0 Copay
Alternative Meals Service		\$0 Copay
Assisted Living Services		\$0 Copay
Choices Home Care Assistant		\$0 Copay
Chore Services		\$0 Copay
Community Transition		\$0 Copay
Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Services		\$0 Copay
Emergency Response Services		\$0 Copay
Enhanced Community Living Services		\$0 Copay
Home and Community Based Services		\$0 Copay
Home Care Attendant		\$0 Copay
Home Delivered Meals		\$0 Copay

Additional Services (continued)	
Home Medical Equipment and Supplemental Adaptive and Assistive Services	\$0 Copay
Home Modification, Maintenance, and Repair	\$0 Copay
Homemaker Services	\$0 Copay
Independent Living Assistance	\$0 Copay
Nutritional Consultation	\$0 Copay
Mental Health and Addiction Services	\$0 Copay
Medically Necessary Wheel Chair Van	\$0 Copay
Out of Home Respite Services	\$0 Copay
Personal Care Services	\$0 Copay
Pest Control	\$0 Copay
Private Duty Nursing Services	\$0 Copay
Social Work Counseling	\$0 Copay
Waiver Nursing Services	\$0 Copay
Waiver Transportation	\$0 Copay
Supplemental Benefits	
Dental Services	
<ul style="list-style-type: none"> \$0 Office Visit Copay 	
Preventive Services	
<ul style="list-style-type: none"> Oral Exams <ul style="list-style-type: none"> up to 2 every year for members 20 and under up to 1 every year for members 21 and over Cleanings – up to 2 every year Fluoride Treatment – up to 1 every 6 months for members 20 and under Dental X-Rays – up to 1 every year 	
Comprehensive Services	
<ul style="list-style-type: none"> Medically necessary comprehensive dental services are covered at no cost to the member. 	
Vision Services	
<ul style="list-style-type: none"> Routine Eye Exam <ul style="list-style-type: none"> 1 per year for members ages 20 and under and 60 and over 1 per 2 years for members ages 21-59 Eyeglasses <ul style="list-style-type: none"> Eyeglasses (lenses and frames), just lenses or frames 1 pair per year for members ages 20 and under and 60 and over 1 pair per 2 years for members ages 21-59 	 \$0 Copay \$0 Copay
Hearing Services	
<ul style="list-style-type: none"> Routine Hearing Exam Hearing Aid Fitting/Evaluation Hearing Aids <ul style="list-style-type: none"> 1 pair every 4 years for conventional 1 pair every 5 years for digital/programmable 	 \$0 Copay \$0 Copay \$0 Copay
Transportation Services	\$0 Copay for 30 one-way trips to plan-approved locations
Over-the-Counter Medications and Supplies	\$60 in covered purchases every three months, with carry over month to month but expires at the end of the calendar year
Meal Benefit	\$0 Copay for up to 56 home delivered meals over 4 weeks, for qualifying members after transitioning from an in-patient hospital setting or skilled nursing facility
24-hour Nurse Advice Line	\$0 Copay
24-hour Behavioral Health Crisis Line	\$0 Copay
Health Education	\$0 Copay
Nutritional/Dietary Benefit	\$0 Copay for up to 12 individual or group telephonic nutritional counseling sessions
Smoking and Tobacco Cessation Counseling	\$0 Copay for 8 sessions (in addition to Medicare's two quit attempts in a 12 month period, each quit attempt includes up to 4 counseling face-to-face visits)



For more information call

(866) 856-8295, TTY/TDD 711

7 days a week, 8 a.m. to 8 p.m., local time or visit MolinaHealthcare.com/Duals

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